

**FOOD ESTABLISHMENT PLAN REVIEW
APPLICATION TO BE COMPLETED AND
SUBMITTED TO:**

**Clay County Health Dept.
452 Main Street
PO Box 36
Clay WV 25043
Phone: 304.587.4269**

IMPORTANT: This information must be accompanied with
the following documents:

- 1. A floor plan drawn to scale indicating the location of all
food service equipment including toilet rooms, dining areas,
and fixtures provided therein**
- 2. A list of all food service equipment including manufacturer
and model numbers**
- 3. Application for a permit to operate a food establishment**
- 4. Proposed menu**

**FAILURE TO PROVIDE ALL OF THE ABOVE
DOCUMENTS MAY RESULT IN THE DELAY OR REVIEW
AND/OR APPROVAL OF PLANS**

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

☐

NEW

☐

REMODEL

☐

CONVERSION

The Food Code states "The permit applicant shall submit plans and specifications to the Director at least 45 days prior to the start of construction, conversion or remodeling."

☐

Check here if your submission does not meet the above 45 days prior requirement and explain on reverse side the present construction progress of the establishment.

PLEASE PRINT OR TYPE

Name of Establishment: _____

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Mailing Address: _____

Telephone: _____

Title (owner, manager, architect, etc.): _____

Projected Date for Start of Construction: _____

Hours of Operation:	Sun	_____	Thurs	_____
	Mon	_____	Fri	_____
	Tues	_____	Sat	_____
	Wed	_____		

Number of Seats: _____

Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____

Maximum Meals to be Served:	Breakfast	_____
(approximate number)	Lunch	_____
	Diner	_____

Type of Service: Sit Down Meals _____ Caterer _____
(check all that apply) Take Out _____ Other _____

GENERAL

FLOORS

1. List type of floor material or covering:

Food preparation areas _____
Food storage areas _____
Utensil washing areas _____
Dressing/locker rooms _____
Toilet rooms and vestibules _____

2. Yes ____ No ____ Floor drains provided in floors that are water flushed for cleaning or receive fluid wastes from equipment or in areas where pressure spray cleaning methods are used?
Yes ____ No ____ Floors graded to drain?
Yes ____ No ____ Floor/wall junctures sealed and coved?
3. Yes ____ No ____ Floor/wall juncture seams not greater than 1/32 inch in all other areas?
4. Yes ____ No ____ Exposed horizontal utility lines and pipes on the floor?

WALLS & CEILINGS

1. List type of materials:

	<u>Walls</u>	<u>Ceilings</u>
Food preparation areas	_____	_____
Equipment/utensil washing areas	_____	_____
Walk-in refrigeration units	_____	_____
Toilet rooms and vestibules	_____	_____

2. Yes ____ No ____ Are the above materials light colored, smooth, nonabsorbent, and easily cleanable?
3. Yes ____ No ____ Studs, joists and rafters exposed in walk-in refrigeration units, food preparation areas, and equipment/utensil washing areas?
4. Yes ____ No ____ Utility service lines and pipes unnecessarily exposed on walls or ceilings?
5. Yes ____ No ____ Exposed utility service lines and pipes installed in such a way that does not obstruct or prevent cleaning of walls and ceilings?
6. Yes ____ No ____ Exposed overhead sewer lines?

If answer to 3,4, or 6 above is yes, explain on reverse side.

WATER SUPPLY

1. Yes ☐ No ☐ Served by public system? Name _____
2. Yes ☐ No ☐ Served by individual water system approved by health department?
Date approved _____
3. Yes ☐ No ☐ Water pressure at least 20 psi in all areas?

SEWAGE & LIQUID WASTE DISPOSAL

1. Yes ☐ No ☐ Served by public sewerage system? Name _____
2. Yes ☐ No ☐ Served by individual sewerage system?
Yes ☐ No ☐ System approved by health department?
Date approved _____
3. Yes ☐ No ☐ Utility sink or curbed cleaning facility with a floor drain provided for cleaning of mops and disposal of mop water?

NOTE: If facility is not served by public sewer, applicant must contact West Virginia Division of Environmental Protection (WVDEP) to apply for a UIC permit. Phone number is 304-925-0495.

PLUMBING

1. Yes ☐ No ☐ Backflow prevention devices (vacuum breakers) installed on all fixtures and equipment where an air gap at least twice the diameter of the water supply inlet is not provided between the inlet and the fixture's flood level rim? (Enclosed water filled equipment like disposals, coffee urns, potato peelers, dishwashing machines, etc.)
2. Yes ☐ No ☐ Direct connection between the sewer system and enclosed equipment having waste drainlines such as ice makers, ice bins, dishwashing machine, etc.
3. Yes ☐ No ☐ Safety "pop off" valve installed on water heaters, etc.?
4. Yes ☐ No ☐ N/A ☐ Floor drain provided for disposition of condensate water, etc., from walk-in refrigeration units?
5. Yes ☐ No ☐ N/A ☐ Running water dipper well provided for ice cream dippers?
6. Yes ☐ No ☐ N/A ☐ All plastic potable water lines NSF approved or equivalent?
7. Yes ☐ No ☐ All plumbing complies with applicable local ordinances or state and/or national plumbing code?
8. Yes ☐ No ☐ Piping of nonpotable water system, such as air conditioning or fire protection, durably identified so that it is readily distinguishable from potable water piping?
9. Yes ☐ No ☐ Backflow prevention devices installed on all faucets to which a hose will be attached?
10. Yes ☐ No ☐ Grease trap provided?
11. Liquid capacity of grease trap _____ gal.
Attach a letter from the Sanitary Board or Public Service District approving/accepting size of grease trap or stating that a grease trap will not be required.

TOILET FACILITIES

1. Yes ____ No ____ Are separate employee toilet rooms provided?
Number of flush toilets ____ Number of urinals ____ Number of lavatories ____
2. Yes ____ No ____ Are public toilets provided for each sex?

	Male	Female
Number of flush toilets	_____	_____
Number of urinals	_____	_____
Number of lavatories	_____	_____
3. Yes ____ No ____ Do toilet rooms open to the outside of establishment?
4. Yes ____ No ____ Toilet rooms completely enclosed and doors self closing?
5. Toilet room doors solid or louvered to makeup air? (Please circle type)
6. Yes ____ No ____ N/A ____ Louvered doors covered with 16 mesh screen or equal?
7. Yes ____ No ____ Toilet rooms vented to outside air by mechanical exhaust?

HANDWASHING FACILITIES

1. Yes ____ No ____ Lavatory provided in or within 20 feet of each food preparation, utensil washing, and food dispensing or serving area?
2. Yes ____ No ____ Lavatories provided with hot and cold water tempered by means of a mixing valve or combination faucet?
3. Yes ____ No ____ Are any lavatory faucets self closing, slow or metered?
Yes ____ No ____ Designed to provide water flow for at least 15 seconds without reactivation?
4. Yes ____ No ____ Soap dispenser with paper towels or air dryer?

GARBAGE & REFUSE STORAGE & DISPOSAL

1. Yes ____ No ____ Storage room provided?
2. Yes ____ No ____ Outdoor storage on metal rack or smooth, nonabsorbent surface such as concrete or machine-laid asphalt?
3. Yes ____ No ____ Solid waste container washing facilities including hot and cold water with vacuum breaker and drain to sewer provided?
Location? _____ Protected from freezing? Yes ____ No ____
4. Yes ____ No ____ Refuse to be incinerated on premises?
Yes ____ No ____ Incinerator meets standards established by Air Pollution Control Commission and State Health Department (approved certificate on file with local health department)?

INSECT & RODENT CONTROL

1. Yes ____ No ____ All outer openings protected against entry of insects and rodents by use of doors, screens, fans or equivalent?
2. Yes ____ No ____ All outer doors self closing?

3. Yes ☐ No ☐ Openings in floors, walls, ceilings for pipes, cables and conduits properly caulked or otherwise protected?

LIGHTING

1. Yes ☐ No ☐ Minimum 20 footcandles artificial light provided on all food preparation surfaces and at utensil and equipment washing levels?
2. Yes ☐ No ☐ Minimum 20 footcandles artificial light provided 30 inches above floor level in utensil and equipment storage areas and in lavatory and toilet areas?
3. Yes ☐ No ☐ Minimum 10 footcandles artificial light provided 30 inches above floor level in walk-in refrigeration units, dry food storage areas, and all other areas (including dining areas during cleaning operations)?
4. Yes ☐ No ☐ Artificial light fixtures shielded or shatterproof in food preparation, service, and display areas, and utensil and equipment washing and storage areas?

VENTILATION

1. Yes ☐ No ☐ All combustion type heating devices, except those used for cooking purposes, properly vented to outside (water heaters, area heaters, furnaces, etc.)?
2. Yes ☐ No ☐ Hoods provided on all cooking units having four or more burners?
3. Yes ☐ No ☐ Stove hoods constructed of durable, easily cleanable materials?
4. Yes ☐ No ☐ Hood exhaust rate not less than one hundred cfm over the face of the hood area, when three sides of hood are open; four sides open, minimum of one hundred fifty cfm?
5. Yes ☐ No ☐ All exhaust ducts at least 6" in diameter or equivalent area?
6. Yes ☐ No ☐ One exhaust duct provided for every six feet or fraction thereof of hood length?
7. Yes ☐ No ☐ No point under hood area more than three feet vertical distance from duct vent unless exhaust fan rating compensates for any change made in distance?
8. Yes ☐ No ☐ Exhaust system equipped with filters?
Yes ☐ No ☐ Filters removable and installed 45 - 60° angle?
9. Yes ☐ No ☐ Exhaust fans outer opening protected by self closing louvers or screens against entry of flying insects?
10. Yes ☐ No ☐ Ventilation system complies with State Fire Marshal's and local fire prevention requirements or standards?
11. Yes ☐ No ☐ Ventilation system exhaust and exhaust fans installed in such a manner so as not to create a nuisance or health problem at point of discharge?

DRESSING & LOCKER ROOMS

1. Yes ☐ No ☐ Will employees routinely change clothes within the establishment?
2. Yes ☐ No ☐ Lockers or other suitable facilities provided for storage of employee clothing and other belongings? Location _____

STORAGE FACILITIES

1. Yes ____ No ____ Facilities (racks, shelves) provided for the storage of food, single service articles, and clean utensils and equipment a minimum of six (6) inches above the floor?
2. Yes ____ No ____ Separate cabinet storage facilities provided for storage of poisonous and toxic materials?

LAUNDRY

1. Yes ____ No ____ Nonabsorbent containers or washable laundry bags provided for storage of soiled clothes and linens?
2. Yes ____ No ____ Soiled linens, cloths, uniforms, and aprons to be cleaned on the premises? If yes, electric or gas dryer provided? Yes ____ No ____
Location of washing and drying facilities? _____
3. Location of storage area for clean clothes and linens? _____

EXTERIOR AREAS

1. Walking and driving surfaces constructed of _____ material.
2. Yes ____ No ____ Walking and driving areas graded to drain?

EQUIPMENT

1. Yes ____ No ____ List of all equipment, manufacturer name and model numbers accompanying plans?
2. Yes ____ No ____ Shop drawings of fabricated food service equipment accompanying plans?
3. Yes ____ No ____ Is nonportable table mounted equipment sealed to table or counter or elevated on legs 4 inches above table or counter?
4. Yes ____ No ____ Is floor mounted equipment, unless readily movable, sealed to the floor; elevated on legs 6 inches above floor; or installed on a raised platform of concrete or smooth masonry?
5. Yes ____ No ____ Is sufficient space provided to facilitate easy, cleaning between, behind and above each unit of fixed equipment OR the space between it and adjoining equipment units and adjacent walls or ceilings not more than 1/32 inch?
6. Yes ____ No ____ Is equipment exposed to seepage sealed to adjoining equipment or adjacent walls and ceilings?
7. Yes ____ No ____ Sneezeguards and other protection devices provided where food is exposed to the public?
8. Yes ____ No ____ Three compartment stainless steel sink with drainboards on both right and left sides provided? Type sanitizer _____
 1. Will the 3-compartment sink be used for any type of other purpose aside from warewashing, food preparation (i.e. washing of produce, thawing of product etc.)?
9. Yes ____ No ____ Mechanical dishwasher provided? Type: Chemical ____ Hot water ____ Manufacturer and model number _____
Booster heater manufacturer and model number _____

Minimum temperature at which domestic hot water will be supplied to dishwasher booster heater? _____

Yes _____ No _____ 1/4 inch IPS valve provided immediately upstream from the final rinse control valve to permit checking the flow pressure of the final rinse water?

If answer to both 8 and 9 is no, please explain on reverse.

REFRIGERATION

1. Refrigerated food storage capacity provided? _____ cubic feet
2. Frozen food storage capacity provided? _____ cubic feet
3. Yes _____ No _____ Thermometers provided in each refrigeration unit graduated in 2° increments?

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify this approval.

Signature(s) _____

Owner(s) or responsible representative(s) _____

Phone Number _____

Date: _____

Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment, with equipment in place and operational, will be necessary to determine if it complies with the local and state laws governing food service establishments.



APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Food Establishment: Name _____ Phone _____ Fax _____

Mailing Address _____

Location _____ Hours of Operation _____

Applicant: Name _____ Age ≥ 18? ☐ Yes ☐ No Phone _____ Fax _____

Mailing Address _____ Email _____

Permit Holder: Permit to be issued to: ☐ Applicant ☐ Corporation ☐ Partnership ☐ Other Legal Entity _____

Ownership: ☐ Individual ☐ Association ☐ Corporation ☐ Partnership ☐ Other Legal Entity _____

Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

Person Directly Responsible for Establishment (Manager, Person-In-Charge):

Name _____ Title _____ Phone _____

Mailing Address _____

Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):

Name _____ Title _____ Phone _____

Mailing Address _____

Type Establishment: ☐ Mobile or ☐ Stationary ☐ Permanent or ☐ Temporary (≤ 14 days)

☐ Restaurant - includes fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site, etc.

☐ Retail Food Store - grocery store, convenience store, meat market, etc.

Indicate Number of Checkout Stations: _____

☐ Retail Food Store Specialty Department - deli, bakery, seafood, etc.

☐ Institution - child care center, hospital, jail, nursing home, personal care home, school, etc.

☐ Bar or Tavern ☐ Vending Machine(s) ☐ Food Bank / Food Pantry

Meals Provided: ☐ Breakfast ☐ Lunch ☐ Dinner Services Provided: ☐ Sit Down ☐ Take Out ☐ Delivery ☐ Mail Order

Seating Capacity: _____ Average number of meals served per day: _____

☐ Yes ☐ No Serve Highly Susceptible Population (HSP)?

HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

Type Operation: Attach sample menu or list menu on reverse. PHF means Potentially Hazardous Food, those requiring temperature controls.

☐ No PHF Prepackaged non-PHF only or limited preparation of non-PHF

☐ Limited One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF.

Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, Excluding specialty departments within retail food stores.

☐ Full Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing.

Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments in retail food stores.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____

Signature of Applicant _____

For Health Department Use Only

Date Received _____ Reviewed By _____ Permit Fee _____

Permit ☐ Issued ☐ Denied Date _____ Permit No. _____ Comments _____